

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL025026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/06/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERSTONE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 EFIRD BOULEVARD NEW BERN, NC 28562</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
{C 000}	Initial Comments  This report is of a Follow-up Survey done by Bob Getchell on April 6, 2016.  The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}	
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 2- Based on observations, the facility has failed to maintain the walls clean and in good repair.  Followup Findings on April 6, 2016 include: d- Corridor wall in the bathroom of Resident Room 103 has a hole at the drain line.	{C 164}	
{C 166}	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing	{C 166}	(Pictures were emailed on 4/21/16) The facility maintenance director purchased an ascuchin ring and placed 4/21/16 in on the drain line to cover the hole in the bathroom of resident room #3. Maintenance will do weekly walkthroughs to ensure all maintenance issues are addressed.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0099

4LV023

If continuation sheet 1 of 3

*Myra J. Sinclair*

*Administrator*

*5/20/16*

Division of Health Service Regulation

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{C 166}	Continued From page 1  facilities.  This Rule is not met as evidenced by: 1- Based on observation, the facility has failed to keep the building and its environment clean and maintained.  Followup Findings on April 6, 2016 include: d- The corridor door to the Staff Breakroom is delaminating.	{C 166}	(Pictures were emailed on 4/21/16)  The facility Maintenance Team purchased a metal (4/21/16) kickplate and placed it on the delaminating door to the Staff breakroom.  Maintenance will check weekly to ensure the integrity of the door is maintained.	
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, plumbing systems are not maintained safe and operating.  Followup Findings on April 6, 2016 include:  d- The water cooler located beside the drink machines does not work  2- Based on observations, electrical systems are not maintained safe and operating.  Followup Findings on April 6, 2016 include: b- In the 100 Hall Med Room the wall sconce light	{C 189}	(Pictures were emailed on 4/28/16)  The facility maintenance director removed the broken water cooler and replaced 4/28/16 it with a portable water cooler.	

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{C 189}	Continued From page 2  has no globe. NOTE: Item back ordered from Lowes.	{C 189}	The facility maintenance team picked up the back ordered globes for the wall sconce 4/21/16 lights that were missing in the medroom. (Pictures were emailed on 4/21/16)



**North Carolina Department of Health and Human Services  
Division of Health Service Regulation**

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

April 13, 2016

Myra Sinclair  
Po Box 12383  
New Bern, NC 28561

RE: HA - Biennial Survey  
Riverstone  
104 Efird Boulevard  
New Bern Craven County  
FID #920215 Hal025026

Dear Ms. Sinclair:

You have provided DHSR-Construction Section with an acceptable Plan of Correction.

After the latest date specified in your Plan of Correction, a follow-up inspection will be scheduled to verify that you are in compliance with program requirements.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

  
Frank Strickland

Architectural Engineering Technician  
DHSR - Construction Section

Construction Section  
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